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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	(PROPOSED CORPORAT	el Winder Clas.	UMAG AND PIESS	wee Washin
	(1.1101.0222.0011.01011			IN
			,	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	l a check før:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	Status PY REQUIRED	
FROM:	QUENTIN B. ALLENNAME ()	Printed or typed)		
-	5620 OLD HICKOR	deress		
-	TALCAHASSEE City, 8	F1. 32303 tate & Zip	·	
Davime Telephone number				

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter	05 APR 21 PM 1: 42
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE FLORIDA
H20 Professinal WINDOW C	Kennine And PRESSURE VASHING INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is	· —···
5620 OLD HICKORY LN.	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	zed is:
WINDOW Cleanure / PRES	SOURE WASHING
ARTICLE IV SHARES The number of shares of stock is: (/OO	>
ARTICLE V INITIAL OFFICERS AN	D/OR DIRECTORS
List name(s), address(es) and specific title(s):	/42
QUEUTIN R. ALLEN (P)	LANDON ALCEN (VP)
5620 OLD HICKORY LN.	1145 Moss Creek DD.
JALLAHASSEE, Fl. 32303	TALLAHASSEE, FL 32312
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
5620 010 HEKERY LN	ንጜልጜ
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	(XUEUTIN B. ALLEGO
	5620 ND HICKORY LN.
	TALLAMASSEE, El. 32363

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

FILED